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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

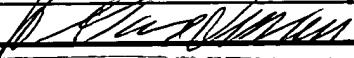
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	970113R/HG
	First Named Inventor	Tomio KIMURA
	Original Patent Number	5,908,858
	Original Patent Issue Date (Month/Day/Year)	June 1, 1999
	Express Mail Label No.	EL 688 709 907 US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent Design Patent Plant Patent

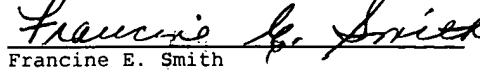
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired (PTO/SB/09-12)		
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Preliminary Amendment		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	13. <input type="checkbox"/> Other: _____ _____ _____		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.26).		

14. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number <input type="checkbox"/> Bar Code <input type="checkbox"/> (Insert Customer No. or Attach bar code label here)		001933		or <input checked="" type="checkbox"/> Correspondence address below	
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Signature			Date: Sept. 29, 2000

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I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box REISSUE, Washington, D.C. 20231.


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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
970113R/HG

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 43	Total Claims (37 CFR 1.16(j))	(B) 41	**** 0 = x \$ =	or	x \$ = -	x \$ = -	\$ 690.00
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1	0 = x \$ =				
Basic Fee (37 CFR 1.16(h))				\$		\$	690.00
Total Filing Fee				\$		OR	\$ 690.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			x \$ =
Total Additional Fee				\$		OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____.
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1378.
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September 29, 2000

Date

Signature of Applicant, Attorney or Agent of Record

HERBERT GOODMAN, Reg. No. 17,081

Typed or printed name